

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3				1		
4	1		1			
5				1		
6		1		1		
7		3		3		
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TOTAL IND.	2		2			
TOTAL DEP.	0		6			
TOTAL CLAIMS	2		8			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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